Opioids

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Opioids are a class of drugs naturally found in the opium poppy plant. Some prescription opioids are made from the plant directly, and others are synthetic forms, using the same chemical structure. Opioids are often used as medicines because they contain chemicals that relax the body and can relieve pain. Prescription opioids are used mostly to treat moderate to severe pain. The Centers for Medicare and Medicaid Services (CMS) has issued guidance regarding reducing opioid misuse in response to the opioid epidemic. This is to be done by promoting safe and responsible pain management, making sure those with opioid use disorder can access treatment, and using data to target prevention and treatment. While there are concerns for prescribing opioid agonists and analgesics, there are also significant repercussions for undertreating pain including long-term physical and psychosocial implications.

This policy addresses criteria for both immediate-acting opioid analgesics (such as tramadol, hydrocodone/acetaminophen, hydromorphone, and oxycodone) and extended-release opioid analgesics (such as Fentanyl, morphine extended release, oxymorphone extended release, and oxycodone extended release). This policy applies to any opioid analgesic on the Plan's Formulary that requires a prior authorization:

- The first fill for members without claims history of prior opioid use for immediate-acting opioid analgesics is limited to:
    - 5-days for members 19 and younger*; or*

    - 7-days for members above the age of 19.
- Immediate-acting opioid analgesic use is required before prescribing extended-release opioid analgesics. A prior authorization is required if claims history has no prior use of an immediate-acting opioid or if a member is not already stable on an extended-release opioid analgesic.
- A prior authorization is also required if the member has exceeded a 90 mg per day MME (morphine milligram equivalent) limit (or 80 mg per day MME limit for Ohio).
- Non-formulary opioid analgesics will go through the non-formulary exception process. Members who meet the non-formulary exception process will then need to also meet the opioid requirements outlined below.
- Members being treated for pain associated with cancer, sickle cell, a terminal condition, or pain being managed through hospice or palliative care will be approved for an indefinite period of time.

Definitions

"Acute pain" is defined as having a duration less than one (1) month.

"Subacute pain" is defined as having a duration of one (1) to three (3) months.

"Chronic pain" is defined as having a duration of greater than (>) three (3) months.

"Opioid Naive" is a member who has not received opioids in the last 90 days.

"Opioid Experienced" is a member who has received opioids in the last 90 days.

Immediate Acting Opioid Analgesics:

Medical Necessity Criteria for Initial Authorization

The Plan considers Immediate Acting Opioid Analgesics medically necessary when BOTH of the following criteria is met:

1. The member is being treated for ONE (1) of the following:
    a. Pain associated with cancer, sickle cell, a terminal condition, or pain being managed through hospice or palliative care; *OR*
    b. Acute or subacute pain and BOTH of the following criteria are met:
        i. Prescriber attestation that initial treatment regimen beyond the following is medically necessary:
            1. 5-days for members 19 and younger*; or*
            2. 7-days for members above the age of 19*; and*
        ii. The member's pain is related to ONE (1) of the following:
            1. Severe traumatic injuries (including crush injuries and burns)*; or*

2. Invasive surgeries typically associated with moderate to severe postoperative pain*; or*
3. Other severe pain when nonsteroidal anti-inflammatory drugs (NSAIDs) and other therapies are contraindicated or likely to be ineffective*; OR*

c. Chronic pain and ALL of the following criteria are met:
   i. The member is unable to use, or has tried and failed ONE (1) non-pharmacologic intervention (e.g., ice, heat, elevation, rest, immobilization, or exercise); *and*
   ii. The member is unable to use, or has tried and failed THREE (3) non-opioid pharmacologic therapies intended to treat pain, such as:
      1. Acetaminophen*; and/or*
      2. Anticonvulsants (e.g., pregabalin, gabapentin, oxcarbazepine)*; and/or*
      3. Oral nonsteroidal anti-inflammatory drugs (NSAID)s*; and/or*
      4. Serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants (e.g., duloxetine, milnacipran, venlafaxine)*; and/or*
      5. Topical NSAIDs*; and/or*
      6. Tricyclic and tetracyclic antidepressants*; and/or*
      7. Skeletal muscle relaxants (e.g. cyclobenzaprine); *and*
   iii. Documentation is submitted showing BOTH of the following:
      1. Recent urine drug screen, to assess for prescribed medications as well as other prescribed and non-prescribed controlled substances prior to initiation of opioid therapy; *and*
      2. The member's treatment plan (i.e., specific functional goals, how opioids will be prescribed and monitored, plan for initiating, increasing, tapering, or discontinuing opioids); *and*
   iv. Prescriber attestation is provided indicating BOTH of the following:
      1. That opioids will be prescribed in accordance with current clinical practice guidelines AND an assessment of risks, harms, and goals consistent with an opioid agreement (or similar agreement) has been undertaken; *and*
      2. The member has been assessed for concurrent use of opioid pain medication and benzodiazepines AND the prescriber has determined ONE (1) of the following:
         a. Opioid pain medications and benzodiazepines will NOT be used concomitantly*; or*
         b. Benefits outweigh risks of continuing therapy with opioids and benzodiazepines or stopping benzodiazepines can be destabilizing*; AND*

2. Clinical chart documentation and supporting laboratory test results are provided for review to substantiate the above listed requirements.

If the above prior authorization criteria is met for:

- Management of pain related to sickle cell disease, cancer-related pain, palliative care, or end-of-life care, the requested medication will be approved indefinitely.
- Acute and subacute pain, the requested medication will be approved for 3 months.
- Chronic pain, the requested medication will be approved for up to 6 months or up to 12 months (if the prescriber is a pain management specialist).

Extended Release Opioid Analgesics:

Medical Necessity Criteria for Initial Authorization

The Plan considers Extended Release Opioid Analgesics medically necessary when BOTH of the following criteria are met:

1. The member is being treated for ONE (1) of the following:
    a. Pain associated with cancer, sickle cell, a terminal condition, or pain being managed through hospice or palliative care; *or*
    b. Pain severe enough to require daily, around-the-clock, long-term treatment in a member who has been taking an opioid and BOTH of the following criteria are met:
        i. Clinical chart documentation is submitted showing ALL of the following:
            1. The member's prior therapies and outcomes with ALL of the following:
                a. Non-pharmacologic interventions (e.g., ice, heat, elevation, rest, immobilization, or exercise); *and*
                b. Non-opioid pharmacologic therapies (such as acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), and selected antidepressants and anticonvulsants); *and*
                c. Immediate release opioid therapies (such as acetaminophen w/ codeine, morphine sulfate, oxycodone); *and*
            2. IF the member is experiencing chronic pain, recent urine drug screen, to assess for prescribed medications as well as other prescribed and non-prescribed controlled substances prior to initiation of opioid therapy; *and*
            3. The member's treatment plan (i.e., specific functional goals, how opioids will be prescribed and monitored, plan for initiating, increasing, tapering, or discontinuing opioids); *and*
        ii. Prescriber attestation is provided indicating BOTH of the following:
            1. That opioids will be prescribed in accordance with current clinical practice guidelines AND an assessment of risks, harms, and goals consistent with an opioid agreement (or similar agreement) has been undertaken; *and*

2. The member has been assessed for concurrent use of opioid pain medication and benzodiazepines AND the prescriber has determined ONE (1) of the following:
    a. Opioid pain medications and benzodiazepines will NOT be used concomitantly*; or*
    b. Benefits outweigh risks of continuing therapy with opioids and benzodiazepines or stopping benzodiazepines can be destabilizing*; AND*
2. Clinical chart documentation and supporting laboratory test results are provided for review to substantiate the above listed requirements.

If the above prior authorization criteria is met for:

- Management of pain related to sickle cell disease, cancer-related pain, palliative care, or end-of-life care, the requested medication will be approved indefinitely.
- Chronic pain, the requested medication will be approved for up to 6 months or up to 12 months (if the prescriber is a pain management specialist).

Medical Necessity Criteria for Reauthorization

The Plan considers Immediate Release Opioid Analgesics medically necessary when BOTH of the following criteria are met:

1. Clinical chart documentation is submitted showing ALL of the following:
    a. The member has experienced benefit in pain or function from opioid therapy; *and*
    b. IF the member is experiencing chronic pain, recent urine drug screen, to assess for prescribed medications as well as other prescribed and non-prescribed controlled substances (within the last 12 months); *and*
    c. The member's treatment plan (i.e., specific functional goals, how opioids will be prescribed and monitored, plan for initiating, increasing, tapering, or discontinuing opioids); *AND*
2. Prescriber attestation is provided indicating BOTH of the following:
    a. That opioids will be prescribed in accordance with current clinical practice guidelines AND an assessment of risks, harms, and goals consistent with an opioid agreement (or similar agreement) has been undertaken; *and*
    b. The member has been assessed for concurrent use of opioid pain medication and benzodiazepines AND the prescriber has determined ONE (1) of the following:
        i. Opioid pain medications and benzodiazepines will NOT be used concomitantly*; or*
        ii. Benefits outweigh risks of continuing therapy with opioids and benzodiazepines or stopping benzodiazepines can be destabilizing

If the above prior authorization criteria is met for chronic pain, the requested medication will be approved for up to 6 months or up to 12 months (if the prescriber is a pain management specialist).

The Plan considers Extended Release Opioid Analgesics medically necessary when all applicable criteria for initial authorization are met.

If the above prior authorization criteria is met for chronic pain, the requested medication will be approved for up to 6 months or up to 12 months (if the prescriber is a pain management specialist).

Experimental or Investigational / Not Medically Necessary

Opioid Analgesics for any other indication are considered not medically necessary by the Plan, as this is deemed to be experimental, investigational, or unproven.

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